

St. Catherine University

SOPHIA

Master of Social Work Clinical Research Papers

School of Social Work

5-2014

The Culture Change Movement among Nursing Homes: Social Workers/Health Care Professionals Perspective

Emily Nesbitt

St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/msw_papers



Part of the [Social Work Commons](#)

Recommended Citation

Nesbitt, Emily. (2014). The Culture Change Movement among Nursing Homes: Social Workers/Health Care Professionals Perspective. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/367

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact amshaw@stkate.edu.

The Culture Change Movement among Nursing Homes:
Social Workers/Health Care Professionals Perspective

by

Emily Nesbitt, LSW, BSW

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
Catherine Marrs Fuchsel, PhD., LICSW (Chair)
Sarah Beckius, LSW
Shari Hornseth, LISW

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

CULTURE CHANGE MOVEMENT

Abstract

The purpose of this study was to examine the experience of social workers and other health care professionals that are working in facilities that are or have implemented the Culture Change Movement (CCM) and to determine its impact on older adults and those working with them. This qualitative research study examines social workers and other health care professionals' perspectives on the implementation of the CCM in nursing home settings. Six licensed social workers and two registered nurses were interviewed for this study from various surrounding nursing homes that are or have implemented the CCM. A semi-structured interview was conducted with each participant to learn more about the CCM and its effects on the nursing home environment. The interviews were conducted in private spaces to ensure confidentiality for each participant. The interview was recorded, transcribed, read and coded to determine themes throughout the interview. Upon completion of the interview and transcription, a reliability check was completed with another academic colleague. The emerging themes from the interviews were as follows: transitioning from an institutionalized setting to a more home-like environment, giving residents more choices, and positive feedback from residents, families and staff. These findings support the literature. Future research in this area will only continue to provide direction to nursing facilities that are implementing the CCM and will help inform them of the impacts of the CCM.

Keywords: Culture Change Movement, nursing homes, older adults

CULTURE CHANGE MOVEMENT

Acknowledgments

I would like to thank the many individuals who have supported me throughout the year in the completion of this project. I would like to thank my research chair, Catherine Marrs Fuschel, for her continuous knowledge, expertise and unconditional support throughout this entire year. I want to thank my committee members, Sarah Beckius and Shari Hornseth, for their investment and dedication to my research project. I also want to thank my husband, Adam Nesbitt, for his continued support and encouragement throughout this entire year. Your continuous motivation and drive helped me to complete this project successfully. I also owe a big thank you to all of my family and friends who were supportive throughout my last three years of graduate school. Your endless love and support helped me to achieve my dreams of receiving my master's degree. Additionally, I would like to thank the eight individuals who agreed to participate in my study. This research project would not have been accomplished without all of your help and support. I am forever grateful for that.

Table of Contents

I.	Introduction.....	1
II.	Literature Review.....	4
III.	Conceptual Framework.....	16
IV.	Methods	18
V.	Findings.....	23
VI.	Discussion.....	41
VII.	References.....	51
VIII.	Appendices.....	58
	A. Semi Structured Interview Questions.....	58
	B. Letter of Cooperation.....	59
	C. Information Sheet.....	60
	D. Consent Form.....	61

The Culture Change Movement among Nursing Homes: Social Workers/Health Care Professionals' Perspective

Eldercare in the United States is a patchwork of housing and health services that includes short-term rehabilitation facilities, intermediate and skilled care, assisted living, small-board-and-care homes, home-health services, adult daycare, and continuing-care (Baker, 2007). "An estimated 3.3 million Americans will live in the nation's nearly 16,000 nursing homes during 2013. That number translates to 1 in 7 people ages 65 and up, and more than 1 in 5 of those 85 and older" (Comarow, 2013). One provider of eldercare that is often viewed negatively by people is care within a nursing home. A person who goes to live in a nursing home may feel as though they are placed in an institutionalized setting where nothing is striking to the eye. A major concern of nursing homes is whether or not residents are able to express their feelings about changes they would like to see within their newly developing home (Baker, 2007). Prior to the Culture Change Movement (CCM), nursing homes were seen as a broken system where the main focus was placed on completion of to-do lists, efficiencies of staff, and the idea that the nursing home was an industry (Aging Services of Minnesota, 2007). People living within these settings experience self-dignity that is easily negotiated because individuals are not always encouraged to enjoy life and do things they once enjoyed doing. When a person is taken away from the things they enjoy most, it is easy to see how quality of life can be affected. One is also able to see weakened respect as people are no longer worrying about the resident as an individual; rather they are seen as a task on their list of things to do for the day. A resident's self-determination is also diminished, as they are no longer allowed or able to take their time to complete activities

of daily living on their own because of someone rushing them in order to move on and assist the next resident.

When an older adult is no longer able to care for him or herself, they need to consider different options available to them. Some may choose to live with a family member while others may choose to move into a nursing home. If a person were to move into a nursing home that is adapting the CCM, they may be surprised to see a drastic improvement from the stereotypical medical model nursing home that so many know. An example of the medical model nursing home is a place that focuses primarily on the medical proponents of care, which have an institutionalized appearance, where residents have minimal choices. This improvement is based on making a resident-centered culture where self-determination of the client is encouraged along with participation from staff members.

This shift in nursing homes is very important information to be aware of not only for social workers but for families that place a loved one into a nursing home facility. When placing someone into a nursing home, it is important to choose one in which the CCM is being implemented in order to ensure resident self-determination. When self-determination is being addressed, residents will find an improved quality of life because they are able to make more independent decisions. This information can be important to family members when deciding on a placement because a nursing home that implements the CCM focuses on the best of the resident.

A social worker has various roles when working in a nursing home. Federal law requires that all skilled nursing facilities provide “medically related social services to attain or maintain the highest practicable resident physical, mental and psychosocial well-

being (Social Work Policy Institute, 2010). Social workers are taught to know and respect each individual and her or his right to decision making (Meyers, 2006). Social workers have various duties in the nursing home, including: assessing resident's psychosocial needs, being part of an interdisciplinary team, advocating for residents' rights, ensuring residents' needs are being met and utilizing resources and referrals on the residents' behalf (NASW, 2009). Social workers in nursing homes should enable people to direct their own care; value the person over the task to be performed; advocate and make things happen for that person; and truly value the autonomy, independence, and self-determination of each person (Meyers, 2006).

The purpose of this study is to add to the research available surrounding the CCM. The researcher will address the following question: what are the experiences of social workers/health care professionals involved in the Culture Change Movement in nursing homes? The CCM is the common name given to this national movement for the transformation of older adult services, based on person-directed values and practices, where the voices of elders and those working with them are honored and respected (Aging Services of MN, 2007). At the center of these changes are core person-directed values: choice, dignity, respect, self-determination and purposeful living (Aging Services of MN, 2007). The CCM focuses on improving the overall quality of life for older adults living in nursing homes as well as those employed by nursing homes. The researcher will look at the CCM and its impact on older adults and those working with them. The research will provide information regarding the CCM and its outcomes. The goal of the research is to shift the negative beliefs held by people about nursing homes and the institutional appearance they present. By completing this study, one will be able to see

the different and important changes that are occurring within CCM nursing homes. It will also inform social workers of the important qualities residents of nursing homes admire in order to improve quality of life and minimize the depressive symptoms they may experience. Depression and suicide among the elderly are common and unfortunate things, but with information about how to better improve residents' quality of life, health care workers may be able to work towards improving these serious problems that are prevalent.

Literature Review

Nursing Homes and the Culture Change Movement

Many people are familiar with the traditional nursing home model, where things are very task oriented and not much focus is put on the resident themselves. A resident may feel as though they have lost everything important to them because they are only allowed to bring a small amount of personal belongings to put into a room that is often times shared with a stranger. In the typical nursing home setting, residents are no longer able to decide when they shower, eat, wake or go to sleep. Nursing home staff are constantly making decisions for residents within a traditional nursing home. In the traditional nursing home, the lack of residents' decision-making ability may cause residents to have resistive behaviors and also make impulsive decisions that could impact their overall quality of life (Baker, 2007).

Introduction to the culture change model. The traditional nursing home is being put to rest as a new idea emerges, one in which residents can feel at home. Culture Change is defined as the common name given to a national movement for the transformation of older adult services, based on person-directed values and practices,

where the voices of the elders and those working with them are honored and respected (Aging Services of Minnesota, 2007). The goal of the CCM is to provide a home-like environment for residents, where their days are flexible, providing them with choices of meaningful activities (Gnaedinger, 2003).

The CCM, also known as a transformative nursing home, focuses on the quality of life among residents. The quality of life is centered on dignity, choice, and self-determination of the resident within the nursing home (Holme & Wandersee, 2007). A resident is encouraged to do things on their own and make independent decisions. When a resident is given the option to make daily choices, they feel more self-worth. The goal of a transformative nursing home is that when residents are allowed to make independent decisions, they will experience an overall improvement in their quality of life.

History of nursing homes and their shift. Today's nursing homes have developed from several different types of care facilities that have been designed throughout the years. As early as the colonial times, a type of a nursing home was formed to take care of the poor through a variety of institutional programs such as almshouses, orphanages and poor farms (Johnson & Grant., 1985). These homes were known for their rundown features and inadequate care that was provided to people. It was during this time that the government was expected to care for the mentally ill, the blind, and the chronically ill.

Almshouses and social security act. Almshouses were meant to provide care for the poor, but many were known for their inadequate care provided to those in need. Many people avoided almshouses because of the negative image they presented. The Social Security Act of 1935 provided a major shift in elder care, as more people were

able to pay for their own care instead of being placed in an almshouse (Johnson & Grant, 1985). The Social Security Act provided matching grants to each state for Old Age Assistance (OAA) to retired workers. It is believed that the development of the Social Security Act helped to transform the almshouses and poor farms into nursing homes. Those that were receiving incomes from the Act waited until they needed nursing care before moving to a facility (Dunlap, 1976). By the 1950's, public poorhouses became the new emerging nursing home (Johnson & Grant, 1985). These facilities then became a place to care for people who were either very ill or had a chronic disease.

Long term care. In 1960, the long term care institution surfaced. The facilities participating in long term care were viewed as an institutionalized environment. Nursing homes did nothing to make a person feel at home upon arrival. A sense of privacy was lost and a person was no longer able to make their own daily decisions. It was during this time that many emerging nursing homes took on the appearance of a hospital. The focus of care was on bed-and-body work, giving staff little time to focus on the individual as a person (Gubrium, 1975). The idea of bed-and-body work was one in which staff believed that if the beds were made and highly visible bodily needs of residents were attended to, then their work for the day was complete (Gubrium 1975). Individuals' freedom was taken away from them, which resulted in residents feeling a sense of loss of control over themselves (Silin, 2001).

In 1975, Robert Butler wrote "Why Survive: Being Old in America," a book describing what it is like to be old in the United States. Butler shared how a major upgrade in the quality of nursing home care was needed. Butler wrote how institutionalization of the elderly can present psychological behaviors and social effects.

Psychological behaviors included agitated behavior, depression, low energy, negative self-images, feelings of personal insignificance and submissiveness (Johnson & Grant, 1985). Social effects included a low level of interests and activities, living in the past rather than the future, and increased concerns about death (Johnson & Grant, 1985). One third of nursing home residents died within one year after admission, another third died within three years and the remaining third lived beyond three years (Butler, 1975).

Also occurring in 1975, the National Citizens' Coalition for Nursing Home Reform (NCCNHR) was organized to fight for higher standards in nursing homes (Baker, 2007). Elma Holder, the leader of the reform, and many others were advocates for high-quality care and consumer education. It was in 1986 that the NCCNHR's efforts received a significant boost when a report was done on improving the quality of care in nursing homes (Baker, 2007).

Nursing home reform law. Following the NCCNHR's work with trying to improve the quality of care, the Nursing Home Reform Law was passed as part of the Omnibus Budget Reconciliation Act. It was in 1987 that this act was passed as a response to nursing home quality of care. The Omnibus Budget Reconciliation Act of 1987 required nursing homes to "attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident" (Stone, Bryant, Barbarotta, 2009). After attempting to achieve this goal, nursing homes were forced, by law, to put significant focus on completing resident assessment tools. This took away from the quality of care and life experienced by residents.

Nursing homes have been found to promote a surveillance culture with routines structured around the efficient running of the establishment (Gubrium, 1975). Residents

are limited on the amount of decision-making they can do for their own lives. Nursing home staff are focused on the completion of tasks rather than the self-determination of a resident. Behaviors such as yelling, physical aggression, wandering, and making repetitious statements are typically not managed well by long-term care staff, which interferes with the delivery of quality of care (Schonfeld, 2003).

The eden alternative. In 1991, Dr. Bill Thomas created another major shift in the aging process. The Eden Alternative was created to show how to organize the nursing home so elders do not suffer from loneliness, helplessness and boredom (Thomas, 2009). This concept was developed to not only add light to the nursing homes, but also to address the needs of the staff working with the residents in hopes of reducing such behaviors and negative images of nursing homes. Thomas put a great amount of focus on staff being treated fairly in the work environment as well. A rule Dr. Thomas followed closely is as follows: The way people who work in a nursing home treat the elders is defined by the way the management treats the staff (Thomas, 2009). The Eden Alternative believes that if more emphasis was put on overall job satisfaction for staff, things could improve in nursing homes. This too would result in improved care provided to the elderly people living within nursing homes. The Eden Alternative is considered one of the fastest growing Culture Change philosophies being incorporated into long term care communities (Baker, 2007).

The culture change movement. Following the idea of the Eden Alternative, the Nursing Home Culture Change Movement is the newest and widely talked about transformation in nursing homes. It was born in 1997, following the first meeting of the Nursing Home Pioneer Network (Rahman & Schnelle, 2008). The Nursing Home

Pioneer Network is made up of a small group of prominent professionals that are engaged in some aspect of long term care that are advocates for person-centered care and the improvement of quality of life for those in nursing homes. The Nursing Home Pioneer Network's goal was to improve the overall atmosphere of nursing homes, thus introducing the CCM. The CCM is a process or transformation of nursing homes that goes beyond superficial changes to an inevitable reexamination of the attitudes and behavior, and a slow and comprehensive set of fundamental reforms (Rahman & Schnelle, 2008). The CCM was designed to rid all nursing homes of their institutional feel and give residents a sense of comfort in their own homes. CCM proponents aid to create the caring communities where both empowered staff and residents can flourish, and where residents experience enhanced quality of life (Rahman & Schnelle, 2008). The goals of this movement have been described as the following: (a) to give "some measure of independence and responsibility" (Culture Change Now, 2001); (b) "all elders are entitled to self-determination wherever they live" (Pioneer Network, 2002); and (c) "medical treatment should be the servant of genuine human caring, never its master" (Eden Alternative, 2001; Redfoot, 2003).

Older people are most often times left out of the decision making process. The nursing home CCM works to promote decision making among the elderly by encouraging residents to make their own choices about daily activities, such as: allowing them to decide when they wake and sleep, when to eat meals, what to eat at meals, what their daily routine will consist of, how often they would like to bathe, and what activities they would like to attend. The expectation of the CCM is for residents to live more like they would be in their own home.

Dr. James Collins explains that the CCM starts from the heart (Collins, 2006). He states, “Caring from the heart is not an intervention that is written in the resident’s plan of care nor discussed at quarterly review meetings. It is a way of life in the facility. It is absolutely necessary for culture change” (Collins, 2006). Collins explains that caring from the heart is also putting focus on the relationship or bond a person is able to form with the residents. The following are all important pieces of getting to know residents of the nursing home and forming that bond with them, some which include: making conversation with residents; learning about their past; learning about things they enjoy doing; hearing about their family; hearing about their career. Collins further discusses the importance of providing loving, personal attention to residents and that administrative staff should put more focus on this relationship instead of privacy issues (Collins, 2006). While privacy is still a key component of overall quality of life among nursing home residents, Collins suggests that it makes more sense that inclusion is better than seclusion, connectedness is better than withdrawal, and the opportunity to chat with someone is better than being alone in bed for sometimes up to 16 hours per day (Collins, 2006).

Population Being Served

Nursing homes provide a broad range of long-term care services. Some of these services include personal, social, and medical services designed to assist people who have functional and/or cognitive limitations in their ability to perform self-care and other activities necessary to live independently (AARP, 2007). Some nursing homes provide short term rehab stays to those that are requiring a skilled nurse or skilled therapy need for only a short period of time. Nursing homes provide services to a variety of populations at various ages, but the majority of people use a nursing home because they

need it. Those living in nursing homes are considered some of the frailest individuals (AARP, 2007).

“An estimated 3.3 million Americans will live in the nation’s nearly 16,000 nursing homes during 2013. That number translates to 1 in 7 people ages 65 and up, and more than 1 in 5 of those 85 and older” (Comarow, 2013). The number of nursing home residents has remained approximately constant since 1985 (AARP, 2007). People are admitted to nursing homes because of a specific need that requires attention and assistance from healthcare professionals. At times, individuals are no longer able to care for themselves; therefore, they require a skilled care facility where 24 hour care can be provided to them. Some examples that may require an individual to move to a nursing home may include: no longer being able to complete tasks of daily living without constant supervision; inability to manage medications independently; inability to manage pain symptoms; inability to be continent of bowel or bladder; inability to function independently; inability to understand their safety in an unhealthy environment; experiencing multiple falls with serious injury; cognitive changes (CMS, 2012). In 2004, nearly 80 percent of residents needed help with 4 or 5 activities of daily living e.g. bed mobility, transferring, dressing, eating and toileting (AARP, 2007).

While the majority of residents living in a nursing home are ages 65 and over, younger people, ages 31 to 64, now make up 14 percent of the nursing homes population at this time (NPR, 2010). Women, with longer life expectancy and higher rates of disability and widowhood, are more likely than men to need nursing home care, and especially likely to need lengthy stays (AARP, 2007). The demand for nursing home

care will continue to fluctuate and rise as the Baby Boomers continue to age and require more assistance.

Impact on Residents

When the CCM was being formed, it was because health care professionals saw a need to improve the care residents were receiving in nursing homes. Health care professionals saw that residents were not satisfied with how the traditional nursing home was running and saw that residents' quality of life was being diminished because of this. Schedules for rising or going to bed, timing and content of meals, and other activities in the everyday life of long-term care institutions are controlled by medical professionals even when they do not correspond to the rhythms of an individual's life (Foldes, 1990). Gnaedinger writes that residents do well when they have consistent front line and management staff that provide person-centered care to them as this can decrease residents' anxiety and frustration. Having a good working relationship between residents and caregivers also improves residents' ability to receive appropriate and individualized care (Gnaedinger, 2003).

Person-centered care is about residents being in control of their lives, making decisions about their care, and expressing their wants and desires to a caring staff (Collins, 2006). The CCM allows residents to truly express what is most important to them. By allowing the resident to be an individual, they experience an improved quality of life because they feel like a person again, whose opinion matters (Redfoot, 2003). This movement is important because it allows each resident to be a unique individual and allows staff to get to know the uniqueness of each person.

The goal of the CCM is to improve quality of life in all aspects. For example, behavioral symptoms are viewed as the way a resident expresses their feelings about a particular situation in their environment that is providing additional stress (Gnaedinger, 2003). The behaviors of residents can provide healthcare professionals with information about a situation that may be upsetting to this individual. When a resident is having behavioral symptoms, it is a time for staff to assess and talk with the resident if they want something done a different way. The CCM is all about resident voice and hearing what the residents' needs are instead of deciding for them.

Impact on Healthcare Professionals

When the CCM was being formed, health care professionals working in nursing homes were taken into account during the transformation. Part of implementing the CCM was taking into account those that are caring for the residents and the importance of health care professionals overall job satisfaction.

Transformative nursing homes believe in having a team of health care professionals that show passion for working with the elderly population. Often, facilities implement the CCM because the health care team feels that person-centered care is desperately needed throughout the industry. The goal is not only to endorse this care but to provide living examples of how care should and can be provided by employees (Collins, 2006). Research suggests that staff employed by a nursing home implementing the CCM should be comfortable engaging in conversation with residents. Regardless of what department a person may be working in, research suggests that they should be comfortable being around the elderly. The movement favors smaller, homier facilities where residents and staff interact informally, almost as a family would (Howard, 2002).

One researcher discusses how the staff is key to making the CCM successful (Gnaedinger, 2003). Gnaedinger explains that the CCM starts with leadership from staff members because without good leadership and role models, this change will not occur (Gnaedinger, 2003). Staff that are open to change and are committed to making the movement successful is key to the movement. When good leadership is shown from both manager and front line workers, it makes a significant difference to the change process and can help overcome resistance to change (Gnaedinger, 2003).

Another important piece of the CCM is getting input from the employees that are working first hand with the residents. The employees are able to provide effective feedback from experiences of the staff and residents to see how things could improve. Allowing the staff to have a say in the transformation process, allows them to be a part of the process of change, which is empowering to staff (Gnaedinger, 2003). Gnaedinger writes that front line workers take a lot of pride in their work as well as internal satisfaction from being empowered to make decisions about their workday, and from being involved as a team member in care planning (Gnaedinger, 2003).

Effectiveness of the Culture Change Movement

While many facilities that are implementing the CCM are still continuing to learn about the shift and improve things, most nursing homes that have adapted the change are seeing good results. “Despite the lack of research on culture or its relationship to outcomes in long term care, Culture Change initiatives have been implemented in the hopes of improving both work and care quality” (Bowers, 2001).

Long term care facilities that are transforming themselves report that they are experiencing positive changes in quality of life for residents (Fagan, 2003; Rahman &

Schnelle, 2008). As nursing homes continue to implement this change, healthcare professionals are seeing a reduction in the use of antipsychotic medications that are primarily used for behavior symptoms (Fagan, 2003). Healthcare professionals are also noting an improvement in resident's participation in activities throughout the facility as their depressive symptoms decrease. Researchers also note residents are physically able to do more for themselves, which in turn decreases mortality, stabilizes their health, improves their mood and improves their quality of life (Fagan, 2003; Raske, 2010). All of these improvements impact residents' health. As residents' health continues to improve, they are able to be more of an advocate for themselves in voicing how they wish to utilize their time.

Other homes are improving their physical appearance by eliminating the institutional appearance and providing a more warming, home-like environment. Residents are becoming more talkative and are becoming more engaged with other residents and their family or friends. Nursing homes are reporting higher occupancy rates as well as longer waiting lists because of the more positive reputation in the community (Fagan, 2003).

Another positive impact of the CCM is the lowered costs that the nursing homes are acquiring (Fagan, 2003; Gnaedinger, 2003). Because nursing homes are providing more job satisfaction to their employees, less nursing homes are having to hire from agencies to provide interim staff since the staff turnover rate is reduced. This reduces costs for the nursing homes and also provides continuum of care for the residents as they can work with consistent staff. Employees are more apt to go to work when scheduled because of overall job satisfaction, which saves time and resources the nursing home does

not need to spend to find replacement staff. Everyone on the team is vital in fulfilling our promise to provide the best care and the highest quality of life to residents in the facility (Collins, 2006). William Thomas wrote, “In order to survive, long-term care facilities must become places where elders feel at home, family members enjoy visiting, staff are respected, listened to and appreciated, the care is good, life is worth living, and legal action is unnecessary (Thomas, 2003).

Conclusion

Overall, there has been a tremendous amount of work done leading up to where the CCM is today. Throughout history, various researchers have been researching the importance of improving nursing homes to provide more adequate care to the individuals that require care. Many residents throughout time have experienced care and quality of life that was significantly diminished. Many healthcare professionals have also experienced lessened job satisfaction while working in nursing homes. The factors of diminished quality of care and poor job satisfaction are continuous improvement projects that nursing homes continue to work at to achieve excellence.

Conceptual Framework

In this section, the researcher will discuss the conceptual framework that bests correlates with the data being presented. The two conceptual frameworks that will be discussed for this research paper will be Person-In-Environment (PIE) perspective and Ecological framework. These two frameworks have been identified by the researcher as the most appropriate theories to use when discussing older adults living in the nursing home adapting the CCM. These frameworks take into account how a person’s environment can influence them as a person. These are important models for social

workers and healthcare professionals working in nursing homes because it identifies how a person's environment can impact their human behavior.

The first theory to discuss is the Person-In-Environment perspective. The Person-In-Environment perspective focuses on how a person's environment can impact them overall as a person. It assesses how a person's environment can influence their human behavior based on their environment. The Person-In-Environment approach views the individual and his or her environment as a dynamic, interactive system, in which each component simultaneously affects and is affected by the other (Hare, 2004). The Person-In-Environment concept is manifested in the dual aspirations of the profession to provide personal care and further social justice (Weiss-Gal, 2008). This perspective is important to discuss when looking at the CCM in nursing homes as it stresses the importance of looking at the system as a whole instead of focusing only on the person. Person-In-Environment provides clinicians with important information about how a person's environment can impact their life. This is useful knowledge as some people may have different human behavior depending on the type of environment they live in. The Person-In Environment perspective is useful for the research because it assists with determining whether having a better living environment impacts the overall quality of life and dignity of older adults.

The second theory to discuss is the Ecological framework. This framework discusses how a person should be examined within the context of his or her environment, broken down into micro, mezzo and macro systems (Longress, 2000). Forte discusses that the micro system consists of the immediate family, school, and neighborhood; the mezzo system consists of two or more immediate systems, such as family and home;

macro system is an umbrella term that consists of the values, laws, and customs of a particular culture (Forte, 2007). All three systems interact and adapt to human development (Forte, 2007). Forte explains that the micro, mezzo and macro system all impact human behavior and how a person adapts to their environment (Forte, 2007). The Ecological theory focuses on how all things involved within the micro, mezzo and macro system can impact a person. This is important information for a clinician working with older adults to know because it reminds us to assess the person and their human behavior as a whole instead of just the person.

In conclusion, the Person-In-Environment perspective and Ecological framework best identifies how a person's environment can impact their overall human behavior. These frameworks are important for social workers to utilize as it helps to better understand their clients and the environments in which they live.

Methods

Research Design

The researcher applied qualitative research to this study in order to understand the influence of the CCM on nursing home residents and those working in the healthcare profession. Qualitative research "refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things" (Berg, 2007, p. 3). This design worked well for this study as the researcher was able to hear firsthand the experiences of social workers and other health care professionals that were involved in the CCM. It allowed the researcher to determine whether or not the CCM was beneficial to both residents and employees to promote improved quality of life and job satisfaction.

The researcher conducted semi-structured interviews with the social workers and health care professional participants (See Appendix A). The researcher conducted eight interviews with social workers or health care professionals that were involved in the CCM. The researcher asked open-ended questions that allowed the researcher to explore the experiences of social workers or health care professionals. The researcher asked about the adaptation of the CCM for employees and residents. The researcher asked how the quality of life of residents was impacted by the CCM.

Sample

The researcher interviewed eight professionals that were working in a nursing home that has implemented the CCM currently or in the past. These individuals were interviewed as they are able to see how the CCM has impacted the nursing home at which they are employed at. The recruitment process was supported by several non-profit nursing homes that were adapting the ideas of the CCM (See Appendix B). The interviewees were recruited by using a snowball sample. A snowball sample is one in which participants may suggest someone else who might be willing or appropriate to participate in the study (Berg, 2007). The researcher identified this as a snowball sample because the nursing homes that have agreed to participate have informed the researcher of various other participants who have knowledge of the CCM. The researcher gave all potential participants an information sheet and requested they distribute the information sheets to other potential participants (See Appendix C). If the participants were interested, they contacted the researcher to participate.

Protection of Human Subjects

A consent form for participation was wrote by the researcher and reviewed by the research chair for validity (See Appendix D). The consent form addressed the following: (a) what the researcher was studying, (b) the purpose of the study, (c) the process of completing the interview, (d) the risks/benefits of participating in the study, (e) confidentiality, (f) voluntary nature of the study, (g) the contact information for the researcher and the research chair, and (h) the consent to participate in the study. The consent form was read and signed by the participants prior to the interview being completed. The participants were given the opportunity to ask questions prior to the interview starting. The interviews were completed in privacy in closed rooms. The interviews were audio taped and all audio tapes were protected by being locked up in the researcher's desk drawer at home. No one besides the researcher had access to the audio tapes. Upon completion of the research project, all interview audio tapes were destroyed. Participation in the research was kept confidential and the interviewees' names were not disclosed.

This project was approved by the St. Catherine's University Institutional Review Board prior to conducting the research. This ensured that the researcher had approval to conduct the research. Interviewees were encouraged to contact the Institutional Review Board with any questions surrounding the research that was conducted. This research was conducted under the supervision of Catherine Marrs Fuchsel, Assistant Professor at St. Catherine University and the University of St. Thomas. Participation in this study was voluntary and participants could withdraw at any given time.

Data Collection

The researcher conducted research by completing semi-structured interviews. In this type of interviewing, the researcher asked participants a number of questions that were chosen beforehand, but the interviews remained conversational throughout, and the researcher was free to deviate in order to get more information or clarification from participants' initial responses (Berg, 2007). The interview was completed by asking the participant approximately eight questions regarding the CCM in order to assist in gathering data for the main research question. The researcher asked about how the CCM was adapted in the participants place of employment and how residents and staff adapted to the change. The researcher asked how the facility decided to implement the CCM. The researcher also inquired if the CCM had impacted the quality of life among nursing home residents and what changes they had seen in their resident's overall wellbeing, if any. The research questions were reviewed by the researcher's research chair, committee members and the Institutional Review Board in order to ensure their accuracy for the purpose of this study.

Upon meeting with each participant, they were asked to review the consent form. The participants were asked if they had any questions before they signed the consent form and began the interview. The interviews were held in a quiet closed room environment so that confidentiality was held and no disruptions were made during the interview. The interviews were recorded using an audio tape recorder.

Data Analysis

Upon completion of the interviews, the interviews were transcribed by the researcher verbatim. The researcher assessed the interviews by using content analysis to

determine emerging patterns and themes throughout the interviews. The researcher looked how often the same response was said by the participants. The researcher kept the data in order by color coding various themes that were present throughout the interviews and wrote out a list of emerging themes that were present in the data obtained. The researcher then had a reliability check completed by the research assistant in order to be empirical as well as to review the transcription and look for any additional emerging themes the researcher may have missed.

Strengths and Limitations

This study allowed social workers and health care professionals to have a better understanding of how they can best serve the older adult population living within nursing homes. There were strengths to be identified during the process of completing the research. By informing social workers of this movement in nursing homes, they will be better equipped to advocate for their residents' quality of life. An additional strength of this study was utilizing social workers and health care professionals' qualified experience about the CCM. Another strength of this study was that the researcher recorded the interview for reliability and validity. This helped ensure the interpretations were correct and also allowed the researcher to have a reliability check completed.

One limitation of the research was the small sample size. The research was based on eight professionals' experiences with the CCM. Due to a small sample size, the information cannot be generalized to the entire nursing home population. In the future, it would be beneficial to interview more professionals who are active in the CCM.

Conclusion

In conclusion, the researcher conducted qualitative research by completing eight semi-structured interviews with social workers or health care professionals to learn about their experiences of working within the CCM. The participants were found by using a snowball sample. The researcher ensured protection of human subjects by ensuring confidentiality in this study. An analysis of content was completed to look for emerging themes. The researcher then presented the findings.

Findings

In this section, the researcher will define the characteristics of the participants and the findings of the study. The researcher will describe the participants' responses to the individual research questions. A discussion will be found in later sections to analyze the emerging themes that the participants discussed during the interviews. To ensure confidentiality of each participant, names will not be used when describing responses throughout the interview. Instead participants will be referred to in numerical order, as Participants 1-8. The participants reported on the impacts of the CCM within nursing homes. Participants explained it as a home-like environment where residents are provided with choices. Participants discussed resident and staff reactions to the CCM. As the researcher analyzed the data by using content analysis the following themes emerged: a) Institutionalized setting, b) Home-like environment, c) Resident choices, d) Staff feedback, and e) Resident feedback. The researcher read all the transcripts and highlighted similar words. The researcher counted the words to determine emerging themes within the data.

Demographics

The research participants involved in this study included six social workers and two nurses. The six social workers interviewed were Licensed Social Workers, who obtained licensure through the State of Minnesota. The two nurses that participated were both licensed through the Board of Nursing; one being a Registered Nurse (RN) and one being a Licensed Practical Nurse (LPN). All participants of this study were females. All participants of this study currently work in a nursing home setting. Of the eight participants, all of them currently work in a facility that is implementing some or all of the CCM model.

The research participants were asked about the population that lives in their facilities. Participants reported that the majority of the population they serve was geriatric or elderly nursing home residents. Research participants reported an average age range of 40-100+. Some participants reported younger residents are being admitted to the transitional care units, which are short term rehab units. Overall, the participants identified that they were all serving older adults within the nursing home setting.

Institutionalized Setting

When participants were asked about what their facilities have done to change the environment to prepare for the CCM, many of them explained the previous environment. The researcher wanted to explore the environment prior to the CCM implementation. Participants reported their residents lived in a more institutionalized setting, which was similar to a hospital setting.

Participant One reported prior to the CCM residents had “one main bathroom that everyone used. Rooms were more like hospital rooms with the curtain that separates the two sides, giving that institutionalized appearance.”

Participant Two described the dining room experience and reported “previously people lined up around the building. For meal times, residents were lined up waiting to get into the one large dining room.”

Participant Three describes how the call light system and dining experience changed since the implementation of the CCM. Participant Three reported:

Our biggest change was the call light system. We went from a noisy, loud call light system where we would pick up a phone to talk with the resident in their room. It was loud and would blast down the hallway so all residents would hear it. If the residents were sleeping, it would wake them up and then we would have even more call lights going off. We had alarms attached to some residents to notify us if they were trying to stand up. This caused a noisy, chaotic environment. We also used to have our meals delivered in big carts to each neighborhood. The trays would all be pre-prepped so juices and milks were already poured. They were not asked what they wanted to drink because everything was pre-prepped. The food would be separated either hot or cold and at times diets got mixed up.

Participant Six reported, “We previously had one large dining room where everyone would line up and wait to sit in the same large dining area.”

Participant Eight explains that prior to the CCM, there were specific dining room hours, stating “breakfast was at eight, lunch was at noon and supper was at six.”

Participant Eight shared the times they could eat throughout the day and the ability to structure their own day was significantly limited.

Home-Like Environment

Participants were asked what their facilities had done to change the environment to prepare for the CCM within the facility. Participants reported having a more home-like environment where residents could feel more at ease in a comfortable setting.

Participants shared that most of the home-like environment changes were done through large remodels or large project completions.

Participant One reported:

We now have open dining times where residents are able to choose when they eat their meals. For toileting, they go in their own room versus having one main bathroom that everyone has to use. Rooms now look more like a home-like setting versus your standard hospital room with the curtain that separates the two sides and that institutionalized appearance.

Participant Two reported, “The biggest change was the remodel they did about five years ago. This completely changed our facility to make it more home like. They now have smaller, home-like dining rooms where residents can come eat when they want.”

Participant Three shared the change in their call light system that has allowed for a more home-like environment that is not being disrupted by noisy call light systems.

Participant three reported:

Now we have a paging system that has a screen or a runner on each end of the hallway. When a resident puts their call light on, a very soft beep will sound and

on the screen at the end of the hallway will appear the room number that needs assistance. The nurse and nursing assistants also wear pagers that go off when the call light goes off. The pager buzzes with the name of the resident and the room number for which call light is going off. If a resident has a bed alarm or a TABS alarm, if that alarm goes off, it will page the staff on the pagers. On the screen, it will only show the room number of whose alarm is going off to ensure confidentiality, as we don't want to violate HIPAA. There are no lights outside of the doors of residents' rooms in an effort to make it more home-like. Our facility is also alarm free at this point. We are strong believers in this as we have found the only thing an alarm tells us is that the person has fallen.

When explaining another change among the nursing home, Participant Three reported, "Each neighborhood now has a small dining area for residents to sit in for their meals. Anywhere from two to four residents sit at one table and get served family style." Participant Three reported that they no longer refer to the areas residents reside in as units. The term units has been replaced with neighborhoods to provide a less institutionalized setting.

Participant Three also reported the facility did a very large renovation to change the overall appearance of the facility to make it look more home-like. Participant Three reported:

We went through a very large renovation here. Our entire first floor got remodeled. We got a new kitchen with a lot more space and many more meal options. We also got a new laundry room that allowed more space. All of the resident rooms were repainted and turned into single rooms. Each neighborhood

now has their own kitchen area with a stove, fridge, coffee/juice maker, dishwasher and sink. It's like a full size kitchen but in a smaller version and we utilize those so much.

Participant Four reported:

The facility has been completely remodeled to reflect a more home-like environment where each resident has their own mailbox. There is an exercise room, a media room, community dining, a pub where happy hour is served, and increased social or quiet spaces throughout the facility for residents to enjoy.

Participant Five explained their current project of remodeling their facility as well as improved dining services that they offered to residents. Participant Five reported:

We are working on an extensive remodeling project in our facility. We no longer have a locked memory care unit, which many called "the basement" and we no longer accept psychiatric patients. We had an open house to invite the community to see that our first floor is not what is used to be. It is now bright, open and very welcoming. Our goal has been to take the stigma away from our "basement" after all these years and we have heard less negative remarks. We have improved dining services to be more restaurant-like. Our facility has made new menus to meet the requests of the residents better.

Participant Six reported the facility wanted to provide a more home-like environment for the residents. It was important to make it better for the residents.

Participant Six reported:

Our facility did a very large renovation in our building. We made smaller neighborhoods where residents could congregate instead of having one large

dining room where everyone would line up and wait to go in. These smaller neighborhoods made it more home-like for the residents. We really focused on having person-centered care instead of being institutionalized care. When they come to us, they expect things to be just like home so we strive to provide that.

Participant Seven shared that their facility is a newer building that was designed to follow the household model, which focuses more on small congregate areas rather than large central rooms. Participant Seven reported, “Being that we’re a newer facility, our building was constructed as a household model. The rooms are broken down into neighborhoods with separate dining. The majority of the rooms are private and have their own bathroom and shower.”

Participant Seven reported how the facility works towards making the environment as close to home as possible. Participant Seven reported, “Many comment on how we strive to ensure the residents environment is as close to home as possible. Our residents, especially those on our TCU (Transitional Care Unit) are expecting restaurant type food and amenities in their rooms, such as the flat screen TV, the computer hook ups, the cell phone usage and many more. It’s not the old nursing home anymore.”

The research participants reported that overall the nursing homes have an improved appearance. The nursing homes did significant remodeling projects to gain a home-like experience.

Resident Choices

The research participants reported that the residents are provided with more choices throughout their day. The residents are able to structure their own day.

Participants stressed the importance of allowing residents to have choices.

Participant One reported:

With the CCM, we now provide residents with more choices and options to plan out their day. They can choose when they want to wake up, choose what they eat, choose when they eat, and choose how they plan their day. That's what the CCM is all about: choices. This Movement allows for residents to feel more in control of their lives. It promotes self-determination. The residents are allowed more choices and privacy, which allows them to feel more in control of their life.

Participant Two discussed the various things that the facility implemented in order to allow the residents more choices. Participant Two reported, "We now offer various meal times, rise at will in the morning and different opportunities available to them." Participant Two explained that the age of their clientele is changing and they learned to adapt to that change in order to serve the different generations within the same building. Participant Two reported:

We have had residents in their forties who aren't interested in the same activities that an 80 year old may be. Bingo isn't for everyone and polka music isn't for everyone. Our goal is really to tailor our care to be resident-centered care. The residents have more activities choices that are more interesting to them.

Participant Three discussed the different choices that are now offered to residents at mealtimes. Participant Three reported residents are allowed to choose when they come

to the neighborhood dining area to eat. Participant Three stated, “Residents are very receptive to the open meal times where they can choose when they come to eat. We also have the luxury of offering them alternate meal choices if they don’t wish to eat what is on the menu.”

Participant Four shared the importance of allowing choices in order to improve the overall quality of life among their residents. Participant Four shared they want their residents to be able to live their lives when they come to the nursing home. Participant Four reported:

Our facility has implemented community dining where the residents are given a menu and are free to choose their own meal for the day. Residents also have more choices regarding their care, which improves their quality of life. The overall idea is to encourage residents to feel at home and empowered. We strive to provide these choices to them so they are really able to live. We want to make sure that when people come here, they come here to live. We want to make sure our residents are living their lives here.

Participant Six discussed the various choices that are offered to the residents in the nursing home. Participant Six reported, “We have rise at will, open dining times and various other choices to offer them so they feel they can plan their day how they want it.” Participant Six ended by saying that “residents are given more choices and are allowed to have that person-centered care that tailors to their needs.”

Participant Seven reported “The reason we implemented the CCM was to keep up with the times and ensure resident’s rights were being followed and choices were being

given.” Participant Seven shared the importance of nursing home staff offering choices to the residents. Participant Seven reported:

Residents lose the ability to make a lot of decisions when they move into the nursing home, so if you can give them choices throughout the day, it will positively impact their life. Even if it’s a choice that seems so simple to us, such as, “what would you like to wear today?” I feel it makes a large difference in how they feel. It shows you care about them.

Participant Eight reported the goal of the facility implementing the CCM was to make lives better for the residents. Participant Eight reported:

No one is eager or excited to move to the nursing home. No one wants to give up their home, their independence and their ability to make their own choices. Our goal is that our residents don’t have to give up their routine of when they want to do things. They should be able to do what they want to do and our job is to ensure they can do that in a safe manor. By allowing residents to make their own choices, they can feel empowered that they are making a difference and impacting their peers around them.

Overall, the research participants reported that residents are allowed significantly more choices throughout their day with the implementation of the CCM. Residents continue to enjoy the ability to structure their own day with the various choices they are offered.

Resident and Family Feedback

The research participants were asked about the overall adaption of the CCM by the residents residing at the nursing home and their families. The participants had overall

positive remarks about the residents' responses to the CCM. The participants shared that residents and families had some initial difficulty getting used to a change but overall came to appreciate it.

Participant One reported:

It took a while for the residents to adjust to the change. Many of them were used to the way things were operating before. As you know, change can be difficult at times. Slowly, the residents started to adjust to it though. They started to get used to and enjoy the idea of having more options available to them such as open dining, when to wake up and how they planned their day. The residents began to see that they had more choices throughout the day and this became very important to them.

Participant Two reported the residents had a bit of a difficult time adjusting to the CCM at first. The residents were not used to having such significant changes in their day to day schedule. Participant Two reported, "The residents that have been here for a long time thought it was kind of strange at first. Now they love that it is a more relaxed environment. They are enjoying having more activities that are more interesting to them."

Participant Three reported that residents seem to be spending more time out of their rooms with the CCM. Participant Three reported, "Family members seem to visit their loved ones more. Not only do families visit with their loved ones, they seem to form relationships with other residents as well. Other residents become their family too."

Participant Four shared that residents have overall enjoyed the change.

Participant Four stated about the residents, "They feel more at home in this environment.

They feel they have more choices over their care and the quality of their life. Residents report it feels more like they are at home than in a facility.”

Participant Five reported overall satisfaction in some areas. Participant Five reported, “Overall, the residents didn’t seem to notice too much. Most of the family members and residents love the new look after the remodel. Our feedback has improved hugely with our dining services program as well.”

Participant Six reported the residents adapted well to the CCM and the families of the residents tended to have more questions at first. Participant Six reported:

The residents had an overall positive outlook. Families at first had a lot of questions about the changes that were going to occur, possibly even more questions than the residents did. We had family meetings at the beginning of the CCM to explain to families what the initiative was and how it would look specific to our facility. I think now the residents and families really appreciate this movement.

Participant Seven reported that overall the residents and family adjusted well to the CCM. Participant Seven reported, “The residents got used to the open environment where everyone helps with everything as they are able to.”

Participant Eight shared that residents were a bit apprehensive at first with the change in their daily structured routine. They were used to their set schedule and had more of a difficult time changing that routine. Participant Eight reported:

The residents that have been here awhile had a bit more of a difficult time adjusting to the change. Once residents got used to the more opportunities they were provided, residents really began to appreciate it. It’s made a big difference,

especially for those residents on our transitional care unit (TCU). Those staying on our TCU expect to have things as close to home-like as possible. These residents expect everything the CCM is able to provide.

Research participants reported some residents and their families were apprehensive with the CCM at first but later received positive feedback from all.

Staff Participation and Feedback

Research participants were asked to explain ways in which the staff at the nursing home adjusted to the CCM implementation. Overall the research participants shared that staff were hesitant about the change at first but have become to appreciate it as well. A lot of time was spent with staff education and training to ensure the staff were well prepared to implement the CCM. Staff have been overall pleased with the CCM thus far.

Participant One shared the staff had a difficult time at first adjusting to the movement but they eventually began to excel with it. Participant One reported:

The staff basically needed to be retrained to not view their job as an operation. Some of the staff did not like this because they felt they were starting a completely different job. It pushed many people out of their comfort zone. Now the staff are used to the CCM and now we see the staff looking for more ways they can continue to implement the CCM. Each month we hold a Transition Team meeting where all departments meet to discuss the Movement and things we can improve on or things that are going well. The team brings to the table different ideas about how we can make it more home-like for our residents.

Participant Two reported, “All staff are really helping out in whatever aspect they can. At times this can increase the workload of staff because staff can be pulled to do

various things throughout their day. Overall, staff take more pride in their work.”

Participant Two shared that staff are expected to take part in various tasks and activities throughout their workday which helps improve team work. Participant Two reported:

It helps to boost the moral between the staff because everyone is helping out with different things. It gives staff more confidence in working with residents and each other. The CCM allows staff to take more ownership in their work and feel more confident in their role.

Participant Three shared that staff really put more focus on a team model.

Participant Three reported, “We worked with the staff to educate them that just because they arrived to work at 6:30 AM did not mean that the residents needed to be woken up at that time.” Participant Three reported that all staff are now providing more meaningful activities for the residents to participate in. Participant Three reported, “On the weekends, staff rarely did activities but now staff are starting to do more on weekends. We all continue to work on this as it takes time and patience as well as staff encouragement for the entire team.”

Participant Four reported the CCM continues to be an adjustment for the staff.

Participant Four reported, “Staff continue to learn about the importance of flexibility throughout their day and empowering residents to make their own decisions. We notice that residents are happier, which in return makes our staff happier, making an overall more enjoyable work environment.”

Participant Five reported, “We provided many trainings for the staff and provided re-education when necessary. The CCM really helped with the pride in the workplace for the staff.”

Participant Six shared there were trials to implementing the movement at first but overall the staff were for it. Participant Six reported:

There were challenges at first because change isn't always easy. We had to do a lot of education and training so our staff felt comfortable implementing the CCM. The biggest piece was how we could implement it easily for the staff to allow for a smooth transition to ensure they were able to still get their work done. We always ask them to envision how they would want to live their life in the nursing home. That usually helped to put things into perspective.

Participant Seven reported, "Most of the staff adapted well to the change and now that it has been established in our facility, it is easier to adapt new staff to it."

Participant Eight reported that there can be difficult times when implementing the CCM. Participant Eight reported all staff need to be on board with the movement in order for it to be successful. The participant shared that their facility decided to implement the CCM because they knew they needed to be better and knew they wanted to be better. Participant Eight reported:

It's tough to get everyone on board with this change. It can be difficult at times because staffing needs to improve and staff are required to have more training. The good thing about the movement is it forces us to think outside the box and be creative with our residents. When we meet as a team to discuss the CCM, we talk about ways we as a building can improve communication, improve conflict resolution, improve resident choices and improve overall quality of life for our residents. All of our staff are a vital part of each resident's life and the success of this Movement. We want staff to take time in their day to interact with our

residents. The CCM really brought out the best in our residents and our staff.

Our goal here is to keep the staff fired up about this movement, which helps keep it moving ahead. We really heard exceptional feedback from our staff and family members.

Research participants reported some staff were hesitant about the CCM. The CCM required team work from all staff in order for it to be successful.

Significant Changes in Residents Overall Well-Being

Research participants were asked about whether the CCM has shown any significant changes in the residents residing in the nursing home, such as mood, behaviors, or weight. The research participants shared an overall consensus that the residents have improved since the implementation of this movement.

Participant One reported:

Giving the residents more choices has shown a significant decrease in the behaviors they exhibit. They are allowed more privacy and more choices, which again makes them feel more in control of their lives. This helps with their overall mood. We of course still have residents that exhibit some behaviors but that may not ever completely go away. Also, having more options at meal times allows for residents to enjoy the things they are eating, which helps with their weight.

Participant Two reported the CCM has shown a significant improvement in the residents. Participant Two reported:

With meal times, there are more staff available to assist with meals so we are able to watch more closely what residents' intakes are and we can monitor that more closely. We are more in tune to when residents may be experiencing an acute

condition because we are more involved with them on a daily basis. The CCM has also shown an increase in participation in activities, which shows an improvement in mood indicators. When residents are exhibiting a behavior, we have more staff that are able to assist during those times because the majority of our staff are trained on how to help deal with those behaviors.

Participant Three reported the nursing home has seen an overall positive impact with the residents. Participant Three reported:

We have seen an improvement in mood because residents are given more choices, which enhances their self-dignity, self-worth, and overall makes for a better life for them. They feel in control of their lives by being allowed to make their own decisions for how their day will go. They appear to eat better because of the alternative meal options they are provided.

Participant Four shared that the biggest improvement in their facility has been residents' mood. Participant Four reported, "Residents appear to be happier and more content with their life when they can dictate their own care."

Participant Six shared the facility was able to see positive changes in their residents with the implementation of the CCM. Participant Six reported, "We have seen a decrease in behaviors and this is because our residents are provided with more choices and our staff are better trained on how to handle those behaviors." Participant Six described that residents' mood has improved because of the improvement in choices they are offered.

Participant Seven reported:

Since the residents are given more choices and are given the ability to make decisions regarding their care, it enhances their mood. There are a lot of factors that attribute toward a resident's quality of life in a nursing home, so the CCM is certainly allowing nursing homes the opportunity to take a step in the right direction in providing quality care.

Participant Eight reported overall positive improvements in the nursing home. Participant Eight reported, "We have seen an improvement in meal intakes, which has stabilized weights. We've seen improvements in residents' mood because of their increase in participation. Overall, it's been positive improvements here."

Conclusion

Throughout this research project, there were significant findings that were reported by the research participants. Overall, the research participants shared that the CCM has shown significantly positive improvements within their facility. The nursing homes implementing this model are focusing on moving away from the institutionalized environment and moving towards the home-like environment. Nursing homes are providing more privacy to residents by offering more private room options and are focusing on the overall appearance of the nursing home. Nursing homes implementing the CCM are focusing on providing residents with more choices throughout their day, such as rise at will, choices at mealtimes, and choices in activities. Nursing homes want to see residents dictate their daily routine. Residents and families have overall been receptive to the CCM.

Residents showed some resistance at first as they were reluctant to the change in their usual routine but have come to appreciate the CCM. Some staff were also reluctant

to the CCM at first because it was a new learning curve that required significant amounts of training, patience and cooperation from all staff. Overall, the research participants shared the CCM has shown an overall improvement in the environment of the nursing homes. They also report seeing an improvement in residents' mood, a decrease in behaviors and an improvement in resident weights.

Discussion

This research project poses the question: "Does the Culture Change Movement among nursing homes impact the overall quality of life of residents residing there?" The researcher conducted this study by interviewing eight professionals who work in the nursing home setting. Of the eight research participants, six were social workers and two were nurses. The research participants involved had experience working with the CCM. This research adds to the existing literature surrounding the CCM but also fills a gap in the literature because it discusses the outcomes of the CCM from healthcare professionals' perspectives. A new idea emerged in the research findings, which also fills a gap in existing literature, was the importance of having team meetings. Participants reported this to be a significant piece in order to gather input from all staff to ensure the success of the CCM. Following a review of the literature applicable to this project, the findings indicate similar results. The topics to be compared and contrasted in this section are a) institutionalized setting, b) shift to home-like setting, c) impact on residents, d) impact on healthcare professionals, and e) effectiveness of the CCM.

Institutionalized Setting

Gubrium (1975), Silin (2001), Butler (1975), Schonfeld (2003) and Johnson & Grant (1985) along with the research results in this study both suggest similarities when

discussing the prior institutionalized settings in nursing homes. In the traditional nursing home, the lack of residents' decision-making ability may cause residents to have resistive behaviors and also make impulsive decisions that could impact their overall quality of life (Baker, 2007). These authors discussed how the focus on bed-and-body work took away from the residents' freedom in decision making ability. Residents often exhibited psychological behaviors as a result of the way they were treated in the institutionalized setting. Silin (2001) stated that individuals' freedom was taken away from them, which resulted in residents feeling a sense of loss of control over themselves. The data in this research is consistent with the findings as it suggests that in the traditional nursing home, residents lacked decision making abilities and were rarely offered choices to help promote their independence. Research participants stated a very structured routine was followed in the old model in which residents were given no choices about how they spent their day. Participants reported staff made all decisions and took complete control over the residents.

One difference noted in the research that was not discussed in the literature was the overall appearance of the nursing homes prior to the CCM. This fills a gap in the existing literature as the participants discussed remodeling projects that were done to create a home-like environment. Research participants discussed the environment prior to CCM remodeling projects. Participants stated everyone had to share one large bathroom where people would line up outside to wait their turn. Resident rooms took the appearance of hospital rooms with two people sharing a room that was separated by a curtain, which allowed for little to no privacy. Residents all ate in one large dining hall where residents were lined up outside waiting for the doors to open. Research

participants also reported having noisy call light systems that were very disruptive to the environment.

Culture Change Movement

Gnaedinger (2003), Holme & Wandersee (2007), Rahman & Schnelle (2008), Redfoot (2003) and Collins (2006) along with the research results in this study discuss the CCM and how it provides a more home-like environment for residents. Research participants emphasized the focus of improving the quality of life for residents by providing them with choices, dignity and self-determination. All participants discussed how the CCM encourages residents to make their own choices about daily activities, such as: allowing them to decide when to wake and sleep, when to eat meals, what to eat at meals, what their daily routine will consist of, and what activities they would like to attend. The research coincided with Rahman & Schnelle (2008) when discussing how the CCM forces a reexamination of the attitudes and behaviors of residents and a reform to improve the quality of life for residents.

One difference noted in the research findings that was not discussed in the review of the literature was the significant remodeling projects nursing homes underwent to provide a home-like environment for residents. Research participants stated the remodeling provided residents with private bedrooms. All residents now go back to their room to use their private bathroom instead of having one large bathroom used by all residents. Residents now have smaller, more home-like congregate dining areas where residents can come as they please. Some nursing homes now have a paging system that is used when a resident puts their call light on, which provides a silent beep and page over a

pager worn by staff instead of the loud buzzing system previously used. All of these remodeling projects were done to improve the environment for the residents.

Impact on Residents

Collins (2006), Gnaedinger (2003) and Redfoot (2003) discuss how providing residents with choices can impact their overall quality of life, which is compatible with the research results in this study. Person-centered care is about residents being in control of their lives, making decisions about their care, and expressing their wants and desires to a caring staff (Collins, 2006). Collins statement coincides with the research, as participants stated that residents feel more in control of their lives, which promotes their self-determination. By allowing residents to be an individual, they experience an improved quality of life because they feel like a person again, whose opinion matters (Redfoot, 2003). Research participants reported residents were very satisfied with the control they were given in their day-to-day life with the CCM. Residents reported being more active and engaging with others because they feel empowered to express their opinions.

Impact on Staff

The participants in this study discussed the importance of staff's understanding of the CCM and the impact the framework has among residents in nursing homes. These findings were similar to Gnaedinger's (2003) study in which results indicate how staff's understanding of the CCM is important in the success of the residents who live in nursing homes. The research participants reported the importance of having staff on board with the CCM is what makes it successful within the nursing homes. The goal is not only to endorse this care but to provide living examples of how care should and can be provided

by employees (Collins, 2006). Participants acknowledged the importance of providing living examples of how care should be provided by explaining how the CCM gives the staff more confidence in working with the residents, which allows them to feel more confident and important in their roles.

Gnaedinger (2003) stresses the importance of having staff take an active role in the CCM, which is key to its success. Allowing the staff to have a say in the transformation process, allows them to be a part of the process of change, which is empowering to staff (Gnaedinger, 2003). The research findings in this study indicates that some facilities implement team meetings, which allows time to brainstorm new ideas for improvement. The team meetings include various departments, such as: social services, nursing, housekeeping, maintenance, human resources, business office, etc. This allows for staff to be involved in decisions regarding CCM.

Effectiveness of the Culture Change Movement

Fagan (2003) and Rahman & Schnelle (2008) report that long term care facilities that are transforming themselves are experiencing positive changes in quality of life for residents. Fagan (2003) and Raske (2010) also note residents are physically able to do more for themselves, which in turn decreases mortality, stabilizes their health, improves their mood and improves their quality of life. This directly correlates with the research findings as participants reported seeing positive changes in the residents. Participants stated residents are participating more, which has shown a decrease in depressive symptoms. An improvement in mood symptoms has been reported because residents are given more choices and are able to dictate their care, which enhances their self-dignity, self-worth and improves quality of life. Residents are eating better because of the

alternate meal options they are provided and as a result, they are gaining weight. Staff are better educated and trained to deal with behaviors exhibited by residents, which allows for all staff to work as a team to deescalate the behaviors.

One difference noted in the review of the literature from the research findings was the discussion of antipsychotic medications. The review of the literature states nursing homes implementing the CCM are working towards reducing the use of antipsychotic medications. As nursing homes continue to implement this change, healthcare professionals are seeing a reduction in the use of antipsychotic medications that are primarily used for behavior symptoms (Fagan, 2003). While the research findings do state a decrease in behaviors, it does not address any antipsychotic medication reductions. This was one difference noted when reviewing the research findings in comparison with the literature review.

Fagan (2003) and Gnaedinger (2003) discuss a positive impact the CCM has on lowering costs nursing homes are acquiring because it is providing more job satisfaction to their employees and less nursing homes are having to hire from agencies to provide interim staff since the staff turnover rate is reduced. However, the findings indicated that some of the roles that were created for the CCM had to later be cut due to financial and staffing concerns. Findings suggested that sometimes continued efforts to implement the CCM were put on hold due to financial strain.

Implications for Social Work

This model is very beneficial for social workers to use as it utilizes one major concept social workers are taught in school: self-determination of clients. Allowing social workers to participate in the CCM allows them to teach others about resident self-

determination and advocacy for the older adults living in the nursing homes. The more information and resources available for healthcare workers, the more success stories the CCM will accumulate. Having the social worker play a role in the CCM will allow for growth and education surrounding a very important topic that will shape the future for all generations to come. The CCM is important for social workers to understand as it allows for them to work towards ensuring an overall improved quality of life for residents. This is important for social workers when looking at the therapeutic relationship because social workers are often called upon when residents are experiencing any changes in their mood or behavior. Social workers need to understand the importance of self-dignity and honoring choices when working with clients who are experiencing crises.

Implications for Policy

Nursing homes would benefit from providing more educational information to residents and families regarding the CCM. Nursing homes need to better advertise the CCM in their facilities and what they have done to change the environment. The residents and family members of nursing homes lack education regarding the CCM and the importance of providing residents with choices. Furthermore, they need to advertise the extensive training their staff go through to prepare them for the CCM. Nursing homes need to provide educational sessions regarding the CCM and how it can positively impact older adults' quality of life. This will allow for further knowledge and expertise on the CCM throughout the healthcare world.

The CCM is also important for policy makers to understand the complexities of managing long term care communities for the elderly as often times policy makers are making decisions regarding healthcare in nursing homes without understanding the

dynamics and process in nursing homes. Funding in nursing homes is frequently being cut, which in turn impacts the residents living in nursing homes. Elders in society are often the forgotten members of society because policy makers forget the importance of their quality of life as well. Policy makers need to be educated on the day-to-day operations of nursing homes so they can understand the significant impact their decision making has on older adults in nursing homes. Policy makers need to understand the drastic difference between a traditional nursing home versus the CCM nursing home and they need to promote the importance of implementing the CCM or improving the environment and life for residents in nursing homes.

Implications for Research

Further research would be beneficial for this topic as it is a fairly new and emerging idea. The CCM is not adopted by all nursing home facilities. The effectiveness of the CCM is important to continue to research so nursing facilities can begin to understand its importance. The CCM allows for residents to be empowered and for nursing home staffs' job satisfaction to improve. Having more research to back up the CCM will allow for more nursing homes to adopt this model. For example, more studies should be completed to provide evidence of how the CCM impacts residents in nursing homes. A quantitative study could be conducted to start the process of determining how many nursing homes are implementing the CCM. From there, future research could explore the success rates of implementing the CCM to promote its efficacy.

Furthermore, future research should focus on the barriers to implementing the CCM. One barrier is the financial stress to the nursing home. Nursing homes would benefit from more information to understand the financial situation a facility would have

to be in to implement the CCM. Future research studies should be conducted to determine the estimated cost of the CCM and to determine how nursing homes may fund the project.

Strengths and Limitations

There were strengths to be identified during the research. This study allowed social workers and health care professionals a better understanding of how to best serve the older adult population living within nursing homes. By informing social workers of this movement in nursing homes, they will be better equipped to advocate for their residents' quality of life. An additional strength of this study was utilizing social workers and health care professionals' experience about the CCM. The participants of the research were from surrounding Twin Cities nursing homes, which has the potential to provide varying information based on demographical location although this was not the case. Another strength of this study was that the researcher recorded the interview for reliability and validity. This helped ensure the interpretations were correct and also allowed the researcher to have a reliability check completed.

One limitation of the research that was conducted was the small sample size. The research was based on eight professionals' experiences with the CCM. Due to a small sample size, this information cannot be generalized to the entire nursing home population. In the future, it would be beneficial to interview more professionals active in the CCM. In addition, the researcher's personal experience of working in a nursing home that implemented the CCM may have resulted in a personal bias about what the experiences of social workers and other healthcare professionals in this study would be, which may have skewed the direction of the study.

Conclusion

While moving to a nursing home can be a very difficult transition for an older adult and their family, it no longer has to be the dreadful institutionalized experience. The CCM can provide a different experience for residents and their families by promoting self-determination, providing daily choices and empowering residents. The CCM can also promote overall improved job satisfaction for those employed in the nursing home. The CCM can continue to be successful by residents, families, staff, social workers and policy makers advocating for better lives for those residing in nursing homes. Further research can be done to continue to promote and improve the nursing home stigma, atmosphere and overall well-being of society's older adults.

References

- Baker, B. (2007). *Old Age in a New Age: The Promise of Transformative Nursing Homes*. Nashville, TN: Vanderbilt University Press. doi: 10.1111/j.1548-1387.2008.00014_2.x
- Barker, R. (1995). *The social work dictionary*. Washington DC: NASW Press. doi: 10.5860/CHOICE.41-2555
- Baltes, M. M., Orzech, M. J., Barton, E. M., & Lago, D. (1983). The Microecology of Residents and Staff: Behavioral Mapping in a Nursing Home. *The Gerontologist*, 16(1), 18-26. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/6845809>.
- Berg, B. L. (2007). *Qualitative research methods for the social sciences* (6 th ed.). Boston, MA: Allyn & Bacon.
- Bowers, B. (2001). University Wisconsin-Madison, School of Nursing “*Organizational change and workforce development in long term care*” paper prepared for Technical Expert Panel Meeting, Washington, DC.
- Burgio, L. D., Fisher, S. E., Fairchild, J. K., Scilley, K., & Harding, J. M. (2004). Quality of care in the nursing home: Effects of staff assignment and work shift. *The Gerontologist*, 44(3), 368-377. doi: 10.1093/geront/44.3.368
- Butler, R. N. (1975). *Why survive: Being old in america*. New York: Harper and Row. doi:10.1093/geront/gnt015
- Castle, N. G., Engberg, J., & Men, A. (2007). Nursing home staff turnover: Impact on nursing home compare quality measures. *The Gerontologist*, 47(5), 650-661. doi: 10.1177/0733464809334899

Centers for Medicare and Medicaid Services. (2012, January 1). Nursing home data compendium. Retrieved from <http://www.cms.gov>.

Choi, N. G., Wyllie, R. J., & Ransom, S. (2009). Risk factors and intervention programs for depression in nursing home residents: Nursing home staff interview findings. *Journal of Gerontological Social Work*, 52(7), 668-685. doi: 10.1080/01634370802609155

Comarow, A. (2013, January 13). *U.S. news' best nursing homes-2013*. Retrieved from <http://healthyliving.msn.com/diseases/caregiving/us-news-best-nursing-homes-2013>.

Culture Change Now. (2001, January 2). Culture change. Retrieved from <http://www.culturechangenow.com>.

Cummings, E., Henry, W. (1961). *Growing old: The process of disengagement*. New York, NY: Basic Books Publishing.

Dunlap, B. D. (1976). Need for and utilization of long-term care among elderly Americans. *Journal of Chronic Diseases*, 29, 75-87. doi: 10.1016/0021-9681(76)90008-4

Dye, A. L. (2013). *Job satisfaction of social workers in nursing homes: Nursing home type and culture change affiliation*. (Doctoral dissertation). Retrieved from <http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com.ezproxy.stthomas.edu/login.aspx?direct=true&db=swh&AN=84785&site=ehost-live>.

Eden Alternative. (2001, March 6). The eden alternative ten principles. Retrieved from <http://www.edenalt.com>.

Fagan, R. M. (2003). Pioneer network: Changing the culture of aging in America.

Journal of Social Work in Long-Term Care, 2(1), 125-140. doi:
10.1300/J181v02n01_09

Foldes, S. (1990). "Life in an institution: A sociological and anthropological view." In Kane and Caplans, *Everyday Ethics: Resolving Dilemmas in Nursing Home Life*. New York: Springer.

Forte, J. A. (2007). *Human behavior and the social environment: Models, metaphors, and maps for applying theoretical perspectives to practice*. California: Thomson Brooks/Cole.

Gammonley, D., Zhang, N. J., Ning, J., Frahm, K., & Paek, S. C. (2009). Social service staffing U.S. nursing homes. *Social Service Review*, 83(4), 633-650. doi: 0037-7961/2009/8304-0006

Gleckman, H. (2002, September 20). A nursing home that you can call home.
Retrieved from <http://www.kiplinger.com>.

Gnaedinger, N. (2003). Changes in long-term care for elderly people with dementia: A report from the front lines in British Columbia, Canada. *Journal of Social Work in Long-Term Care*, 2(3), 355-371. doi:10.1300/J181v02n03_12

Gubrium, J. (1975) *Living and Dying at Murray Manor*. New York, NY: St. Martin's Press.

Hare, I. (2004). Defining social work for the 21st century. The International Federation of Social Workers' revised definition of social work. *International Social Work*, 47, 407-424. doi: 10.1177/0020872804043973

Hegeman, C. R. (2003). Peer mentoring of nursing home CNAs: A way to create a culture of caring. *Journal of Social Work in Long-Term Care*, 2(1), 183-196. doi:

10.1300/J181v02n01_13

Howard, G. (2002). A nursing home that you can call home. *Kiplinger's Retirement Report*, 15(5), 19-21.

Johnson, C., Grant, L. (1985). *The nursing home in American society*. Baltimore, MA: The Johns Hopkins University Press.

Kane, R., West, J. (2005). *It shouldn't be this way: The failure of long-term care*. Nashville, TN: Vanderbilt University Press.

Leedahl, S. N. (2013). *Older adults in nursing homes: Assessing relationships between multiple constructs of social integration, facility characteristics, and health*. (Doctoral dissertation). Retrieved from <http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com.ezproxy.stthomas.edu/login.aspx?direct=true&db=swh&AN=84786&site=ehost-live>

Lehning, A. J., & Austin, M. J. (2010). Long-term care in the United States: Policy themes and promising practices. *Journal of Gerontological Social Work*, 53(1), 43-63. doi: 10.1080/01634370903361979

Liu, J., & Bern-klug, M. (2013). Nursing home social services directors who report thriving at work. *Journal of Gerontological Social Work*, 56(2), 127-145. doi: 0.1080/01634372.2012.750255

Longress, J. F. (2000) *Human behavior in the social environment*. Illinois: F.E Peacock Publishers Inc.

MacKenzie, S. (2003). Implementing the eden alternative in Australia. *Journal of Social Work in Long-Term Care*, 2(3), 325-338. doi: 10.1300/J181v02n03_10

Meyers, S. (2006). Role of the social worker in old versus new culture in nursing homes.

Journal of Social Work, 51(3), 273-277. doi: 0037-8046/06

Mezey, M. D., Mitty, E. L., & Burger, S. G. (2008). Rethinking teaching nursing homes:

Potential for improving long-term care. *The Gerontologist*, 48(1), 8-15. Retrieved from

<http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com.ezproxy.stthomas.edu/login.aspx?direct=true&db=swh&AN=58228&site=ehost-live>.

Monkhouse, C. (2003). Beyond the medical model--the eden alternative in practice: A

Swiss experience. *Journal of Social Work in Long-Term Care*, 2(3), 339-353.

doi: 10.1300/J181v02n03_11

National Association of Social Workers. (n.d.). Nursing home model job description.

naswma.org. Retrieved from

<http://www.naswma.org/displaycommon.cfm?an=1&subarticlenbr=90>.

National Center for Health Statistics (2001). The changing profile of nursing home

residents. Retrieved from <http://www.cdc.gov/nchs/>.

Nolan, M. (1999). Enhancing the quality of care in residential and nursing homes: More

than just a professional responsibility. *Journal of Elder Abuse & Neglect*, 10(1),

61-77. doi: 10.1300/J084v10n01_05

The Pioneer Network. (2002) Values, vision, mission. Retrieved from

<http://www.pioneernetwork.org>.

Rabig, J., Thomas, W., Kane, R. A., Cutler, L. J., & McAlilly, S. (2006). Radical

redesign of nursing homes: Applying the green house concept in Tupelo,

Mississippi. *The Gerontologist*, 46(4), 533-539. doi: 10.1093/geront/46.4.533

- Rahman, A., Schnelle, J. (2008) The nursing home culture-change movement: Recent past, present, and future directions for research. *The Gerontologist*: 48(2): 142-148. doi: 10.1093/geront/48.2.142
- Raske, M. (2010). Nursing home quality of life: Study of an enabling garden. *Journal of Gerontological Social Work*, 53(4), 336-351. doi: 10.1080/01634371003741482
- Redfoot, D. (2003). The changing consumer: The social context of culture change in long-term care. *Journal of Social Work in Long-Term Care*, 2(1), 95-110.
Retrieved from
<http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com.ezproxy.stthomas.edu/login.aspx?direct=true&db=swh&AN=74430&site=ehost-live>.
- Reynolds, W. E. (2003). Policy values and culture change in long-term care--the role of state government in catalyzing change. *Journal of Social Work in Long-Term Care*, 2(3), 397-410. doi: 10.1300/J181v02n03_14
- Schonfeld, L. (2003). Behavior Problems in Assisted Living Facilities. *Journal of Applied Gerontology*. 22: 490-505. doi: 10.1177/0733464803254338
- Seliga, M. (2008). Changing the culture of nursing homes. *Praxis*, 8, 30-36. doi: 10.1007/s00520-006-0162-2
- Social Work Policy. (2010, May 18). *Social work services in nursing homes: Toward quality psychosocial care*. Retrieved from
<http://www.socialworkpolicy.org/research/social-work-services-in-nursing-homes-toward-quality-psychosocial-care.html>.
- Silin, P. (2001). *Nursing Homes: The Family's Journey*.
doi:10.1017/S0144686X02278812

Shapiro, J. (2010, December 09). A new nursing home population: The young. *Npr*.

Retrieved from <http://www.npr.org/2010/12/09/131912529/a-new-nursing-home-population-the-young>.

Tellis-Nayak, V. (2007). Culture Change: Its lapses, anomalies and achievements.

Nursing Home Long Term Care Management. *Frontlines Journal*. p 22-23.

Thomas, B. (2009, August 6). The eden alternative. *Changing Aging*. Retrieved from

<http://www.changingaging.org>.

Weiss-Gal, I. (2008). The person-in-environment approach: Professional ideology and

practice of social workers in Israel. *Social Work*, 53(1), 65-75. doi: 0037-8046/08

Zimmerman, S., Connolly, R., Zlotnik, J. L., Bern-Klug, M., & Cohen, L. W. (2012).

Psychosocial care in nursing homes in the era of the MDS 3.0: Perspectives of the experts. *Journal of Gerontological Social Work*, 55(5), 444-461. doi:

10.1080/01634372.2012.667525

Zlotnik, J., Vourlekis, B., & Galambos, C. (2006). Improving psychosocial care in

nursing home settings: The next challenge. *Health & Social Work*, 31(2), 83-86.

Retrieved from

<http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com.ezproxy.stthomas.edu/login.aspx?direct=true&db=swh&AN=53918&site=ehost-live>.

APPENDIX A

Semi Structured Interview Questions

1. What population lives here?
2. What is your experience with the Culture Change Movement among older adults?
3. What drove the idea to implement the Culture Change Movement? Were there any challenges to the implementation of the Culture Change Movement? If so, can you describe these challenges?
4. What things has your facility done to change the environment to prepare for the Culture Change Movement, if any?
5. In what ways did your residents adapt/adjust to the Culture Change Movement?
6. In what ways did the staff adapt/adjust to the Culture Change Movement?
7. How has the Culture Change Movement impacted the overall quality of life of residents?
8. Has the Culture Change Movement shown any significant changes in residents, such as behaviors, mood, or weight? If so, can you describe these changes?

APPENDIX B
Letter of Cooperation for Research Project

Institutional Review Board
St. Catherine University
St. Paul Campus
2004 Randolph Avenue
St. Paul, MN 55105

RE: The Culture Change Movement Among Nursing Homes: Social Workers/HealthCare Professionals Perspectives

Lead Researcher: Emily Nesbitt, LSW, BSW

St. Catherine University and the University of St. Thomas
School of Social Work; Joint Program
Catherine Marrs Fuchsel, Chair and Assistant Professor at St. Catherine University and the University of St. Thomas

To whom it may concern:

We have agreed to assist Emily Nesbitt, LSW in recruiting participants for her research project. Emily Nesbitt's research project will be studying the experiences of social workers and health care professionals involved in the Culture Change Movement among nursing homes. This research will be done by interviewing social workers and health care professionals that are involved in nursing home employment. The social workers and healthcare professionals will be asked approximately eight questions about their experience of working in a nursing home implementing ideas of the Culture Change Movement.

Emily Nesbitt will make it clear to potential participants of the study that they are free to refuse to participant in Emily Nesbitt's research project and that this will not affect their relationship with their employer or any members of the community. Upon completion of this research project, Emily Nesbitt will share the findings of this research project with the School of Social Work.

The information reported to the School of Social Work will be shared in aggregate form only without individual identifiers. If you have any questions, please feel free to contact me at _____.

Sincerely,

Signature and Title

Date

Print Name

Date

APPENDIX C

Information Sheet for the Study

My name is Emily Nesbitt and I am a Masters of Clinical Social Work student under the direction of Professor Catherine Marrs Fuchsel, PhD in the School of Social Work at St. Catherine University and the University of St. Thomas. I am conducting a research study to explore the experiences of social workers and healthcare professionals that are working in nursing homes implementing the Culture Change Movement. I am interested in learning about the experiences of social workers and health care professionals in these settings and also learn about their perspective on how it impacts older adults and their quality of life. I hope that my experiences with this study will help social workers and healthcare professionals understand the experiences of the older adults living in nursing homes and how we can help improve their overall quality of life.

I am recruiting participants that are involved in the Culture Change movement in their nursing homes. The interview will last for approximately one hour. The interviews will be audio-recorded with your permission. I will be conducting the interview at a public or semi-public location preferred by each participant that has a closed and private space such as a public library or community center. The interviews will be scheduled based on the participant's schedule and what works best for him/her. If you are willing to participate, I will ask if you understand the information letter, if you have any questions and if you agree to take part in the interview. This study is voluntary and you may withdrawal from the study at any time. If you choose to not participate, it will not affect you in any way. You may also choose not to answer any question.

In the interview, you will be asked about how the Culture Change Movement has impacted both residents and staff that work in your facility. I will also be asking you about how residents and employees adapted to the Culture Change Movement. You will be asked how your facility has adapted the environment of the nursing home to prepare for the Culture Change Movement. I will also ask you how the Culture Change Movement has impacted the overall quality of life for your residents.

The information from this study will be published in my clinical research paper and may be published in social science journals. Your name will not be used to identify you. I will keep the audio recordings and transcriptions in a locked desk drawer where only I will have access to the confidential information. That data will be kept until the research is completed and published, and then it will be destroyed.

If you have any questions about your rights as a participant in this study, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through St. Catherine University at (651-690-7739).

APPENDIX D**Consent Form****Study of Culture Change among Nursing Homes**

I am conducting a study about the experiences of social workers and health care professionals involved in the Culture Change Movement at nursing homes. The Culture Change Movement is the common name given to this national movement for the transformation of older adult services, based on person-directed values and practices, where the voices of elders and those working with them are honored and respected. I invite you to participate in this research. You were selected as a possible participant because you have been involved in the implementation of Culture Change at your facility. Please read this form and ask any questions you may have before agreeing to be in the study.

Emily Nesbitt, Social Work student at University of St. Thomas, is conducting this study under the supervision of Catherine Marrs Fuchsel who is Assistant Professor at St. Catherine University and the University of St. Thomas.

Background Information:

The purpose of this study is look at the impact the Culture Change Movement has in nursing homes and to look into the influence it has on improving the quality of life of older adults.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Participate in an interview that could possibly last up to 45 minutes. The interview will be audio taped in order for the researcher to listen back to the interview and gather necessary information about Culture Change Movement. You will be asked approximately eight questions about the Culture Change Movement and how your facility has implemented this philosophy.

Risks and Benefits of Being in the Study:

A benefit to completing this interview is that it will allow for the researcher to learn more about the Culture Change Movement and attempt to improve the positive impact it has on older adults' quality of life in their environment. Participants will not have any direct benefits for participation in this study.

This survey has no risks.

Confidentiality:

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. Your name will be kept confidential. The types of records I will create include an audio recording of our interview and a transcription of the interview onto paper. The tapes will be stored in a locked desk drawer that only I have access to. The tapes will be destroyed upon completion of the study. Only I will have access to listening to the tapes. Only my advisor and I will read findings of the data.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with your employer or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time. Should you decide to withdraw, data collected from you will still be used. You are also free to skip any questions I may ask that you do not feel comfortable answering.

Contacts and Questions:

My name is Emily Nesbitt. You may ask any questions you have now. If you have questions later, you may contact me at XXX-XXX-XXXX. You may also contact my chair, Catherine Marrs Fuchsel, Ph.D., LICSW at 651-690-6146. You may also contact John Schmitt of the St. Catherine University Institutional Review Board at 651-690-6204 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I consent to being audio taped during the interview.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date